

**MEDICAL DIRECTION COMMITTEE MEETING**  
**October 16, 2003**

**Members Present**

Arthur Ernst, M.D.  
John Rawls, M.D.  
Stewart Martin, M.D.  
William Hauda II, M.D.  
Dave Garth, M.D.  
John Potter, M.D.  
Bethany Cummings, D.O.  
Raul Rodriguez, M.D.  
George Lindbeck, M.D.  
Peter Bruzzo, M.D.

**Others Present**

Warren Short  
Gary Brown  
Steve Puckett  
David Cullen  
Tom Nevetral  
Scott Winston  
Chad Blosser

**Others Present**

Roseann Bruzzo  
Michael Berg  
Jeffrey Reynolds  
Heidi Hooker

Item 1): Dr. Stewart Martin (Chair) called the meeting to order at 10:35 AM in the conference room at the Office of EMS.

Item 2): Those present were asked to introduce themselves.

**Item 3): Motion by John Potter, M.D. and seconded by George Lindbeck, M.D. to approve the minutes of the April 10, 2003 meeting ...Passed.**

Item 4): Mr. Terry Furlong representing the Food Allergy & Anaphylaxis Network (FAAN) gave an overview of their program that is advocating the use of Epi pens for school nurses and EMT-Basics. Emphasis with the Medical Direction Committee was placed on allowing EMT-Basics to have access to Epi pens and to administer Epi when EMT-Basics acknowledge that the patient is experiencing or about to experience a true anaphylactic reaction. The current curricula for EMT-Basics allows for the assistance of the patient's own Epi pen.

There was some discussion on existing EMT-Basic protocols as well as the use of single dose vials of Epi instead of the use of Epi pens to reduce costs. **There was a motion made by John Potter, M.D. and seconded by Peter Bruzzo, M.D. that the project was worthwhile and to approve the concept of EMT-Basics administering epinephrine to patients who are suffering from or about to suffer from a true anaphylactic reaction... Passed**

A sub-committee was chosen to evaluate existing protocols and make a recommendation to the Medical Direction Committee on the EMT-Basic use of epinephrine. The sub-committee selected consists of:

John Potter, M.D.  
George Lindbeck, M.D.  
Bethany Cummings, D.O.

There also was some discussion on the Pharmacy Board that may have some concerns on this issue. Scott Winston advised that he will make contact with a representative of the Pharmacy Board to determine if the concerns have been addressed.

Item 5): a. SWAT Team – Dr. Bruzzo – Presented a position paper on Tactical EMS teams. There was some discussion with a recommendation to add Fluroscein with lighting and to change the requirements for “Paramedics Only” to include Intermediates (CTs). **Motion made by Bethany Cummings, D.O. and seconded by Dave Garth, M.D. to accept the Tactical EMS paper as amended to include Fluroscein with lighting and to change “Paramedics Only” to include Intermediates (CTs). Motion ...Passed.**

b. USAR- Dr. Martin – Presented a position paper on FEMA/HAZ MAT/DISASTER teams. Emphasis was placed on the Paramedic/Intermediate/Cardiac Technician levels administering the medications and performing the procedures. Note: 2 PAM is not listed on this team list because it is allowed on the standard medications and procedures schedules. **Motion made by John Potter, M.D. and seconded by Peter Bruzzo, M.D. to accept the FEMA/HAZ MAT/DISASTER team list as presented...Passed.**

Item 6): EMS Training Program Administration Manual Policy T-200 was reviewed to determine if any modifications needed to be made due to the changes made to the *EMS Medications & Skills Schedules*. **Motion made by George Lindbeck, M.D. and seconded by Dave Garth, M.D. to leave the policy as presently stated. Motion...Passed.**

Item 7): It was announced that the Paramedic Programs Coordinator for Mountain Empire, Southwest Virginia and Virginia Highlands Community Colleges had submitted a flyer announcing a RN to Paramedic Program to determine if there was enough interest in the region to offer a RN to Paramedic Bridge Program. The OEMS staff is looking into the feasibility of a Physician Assistant to Paramedic Bridge Program.

Item 8): Melissa Doak from the OEMS asked for the committee’s input into the issue of physicians who wanted to practice at the different EMS levels. It was suggested that the physician who practiced as a prehospital provider should be covered under his/her OMDs license as long as he/she follows the protocols. If the physician performed at a higher level than their prehospital certification at which he/she was certified then they would be practicing medicine on their medical license and responsible for the risk.

Item 9): Medical Direction Committee Symposium Program for 2003- Advanced Airway Program to be held at the EMS Symposium sponsored by the Medical Direction Committee.

Item 10): The committee was reminded that there would be both a Basic and Experienced Medical Direction Program during the Symposium to be held in November. The Basic Program was scheduled for the morning and it had 29 physicians registered. The afternoon session was the experienced program and there were 36 physicians registered. It was reported that the OEMS waived the OMDs registration fee for these programs.

Item 11): Chad Blosser and Warren Short updated the committee on the status of the ALS Training Funds for the period August 27 – October 10, 2003. There were 17 total reimbursement requests. It was reminded that OMDs should remind their agencies that all paperwork must be submitted on time. The OEMS is enforcing the requirements that are listed in the *EMS Regulations* that pertains to the ALS Training Funds Program.

Item 12): The NREMT has new refresher requirements for all Intermediate 99 and Paramedics that must recertify by March 31, 2004. A sub-committee of the ALS Coordinators has worked on this issue and the OEMS was granted an exception to allow the current

Virginia CE program through March 31, 2004 in lieu of the new refresher requirements. All Intermediate 99 and Paramedics who must recertify their NREMT certification by March 31, 2005 must meet the new refresher NREMT requirements.

Item 13): Web based educational programs that are approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) can be accepted by any Virginia Endorsed ALS Coordinator who is willing to review the syllabus and program objectives of the program for appropriate CE credit.

Item 14): Old Business- The committee was reminded that the Northern Virginia physicians are due to update the committee on the status of their Rapid Sequence Induction program that utilizes Cardiac Technicians.

- Item 15):
- a. It was announced that Chad Blosser was recently hired as the QA/QI and Training Funds Specialist.
  - b. It was mentioned that the OEMS has created an OMD/PCD screen and the OMD/PCD number is derived from the birth date (not the year).
  - c. Warren Short is putting together DRAFT documents for:
    1. Medical Direction and Control
    2. Education Systems
  - d. The Human Resources and Training Committee has made a recommendation to the MDC that Advanced Airway Simulators (not Fred the Head) utilizing problem solving scenarios be allowed so that paramedics could obtain credit for their "live intubation" when they have exhausted all other avenues for intubation in the operating suite. The Human Resources and Training Committee will write the specifications for acceptable ALS Training Simulators to meet the paramedic live intubation requirement. **Motion made by George Lindbeck, M.D. and seconded by John Potter, M.D. to allow the use of approved ALS Training Simulators for the use of paramedic students to meet their live intubation requirement...Passed.**
  - e. Jeff Reynolds from Western Virginia EMS Council stated that Cheryl Haas, M.D. requested clarification on her understanding "that OMDs that were endorsed with the New Regulations came into effect on January 15, 2003 would be grand fathered from the new requirements". *It was stated that the OMDs were grand fathered for five years and that they must meet the new requirements for re-endorsement.*
  - f. There was a discussion of an OMD endorsement request from a physician at Salem VA Hospital who did not meet the OMD requirements for a BLS Commercial Transport agency. The physician is eligible to submit a variance request to the OEMS to be considered for approval.

Item 16): Public Comment: none

MDC Meeting dates for 2004 are:

January 15  
April 15  
July 15  
October 14

**The next scheduled meeting of the committee will be January 15, 10:30 AM at the Office of EMS.**

Then meeting was adjourned.